

PRACTICE STANDARDS

for

Extended Day Treatment Programs

Connecticut Department of Children and Families
Mental Health Division

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TABLE OF CONTENTS

TABLE OF CONTENTS	1
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BACKGROUND.....	4
CORE VALUES AND PRINCIPLES.....	4
<i>Core Values</i>	<i>5</i>
<i>Guiding Principles.....</i>	<i>5</i>
DEFINITION OF TERMS USED.....	6
<i>Extended Day Treatment.....</i>	<i>6</i>
<i>Target Population.....</i>	<i>6</i>
THE PROGRAM.....	7
<i>Mission Statement and Service Philosophy</i>	<i>7</i>
<i>Purpose of the Service</i>	<i>7</i>
<i>Governing Body.....</i>	<i>7</i>
<i>Program Requirements.....</i>	<i>7</i>
<i>Reporting Requirements</i>	<i>8</i>
<i>Written Policies and Procedures</i>	<i>8</i>
<i>Fees for Services.....</i>	<i>9</i>
STAFF QUALIFICATIONS.....	9
<i>Ethical Standards.....</i>	<i>9</i>
ACCESSIBILITY AND AVAILABILITY.....	10
<i>Location.....</i>	<i>10</i>
<i>Hours of Operation.....</i>	<i>10</i>
<i>Contacting the Service/Referral Licensing and Credentialing.....</i>	<i>10</i>
TRAINING AND SUPERVISION OF STAFF.....	11
APPROPRIATE SUPERVISION AND MANAGEMENT OF THE POPULATION.....	11
CHILD AND FAMILY RIGHTS.....	12
ASSESSMENT.....	12
THE TREATMENT/SERVICE APPROACH.....	12
DISCHARGE OR STEP-DOWN CRITERIA.....	13
CASE RECORDS.....	13
<i>Assessment.....</i>	<i>13</i>
<i>Treatment Plan</i>	<i>14</i>
<i>Treatment Plan Updates and Reviews</i>	<i>14</i>
<i>Discharge Summary.....</i>	<i>14</i>
LINKAGES AND COLLABORATIVE AGREEMENTS.....	15
INCIDENT AND SPECIAL ISSUES REPORTING	15
QUALITY ASSURANCE.....	15

<i>Continuing Quality Improvement</i>	<i>15</i>
<i>Consumer Satisfaction</i>	<i>16</i>
<i>Universal Questions.....</i>	<i>16</i>
<i>Program Performance</i>	<i>16</i>
<i>Cultural Competency.....</i>	<i>17</i>

BACKGROUND

The Department of Children and Families (DCF) holds statutory responsibility for Connecticut's mental health services to children. DCF is a consolidated children's agency which also oversees children's health, substance abuse, juvenile justice and protection. The Department is mandated to license, monitor and evaluate certain categories of services rendered by private and community providers, including outpatient psychiatric services for children, extended day treatment services, foster homes and residential treatment centers. These legislative mandates reflect Connecticut's belief that a wide range of accessible services for children can best be realized in a consolidated state agency, in partnership with families, community agencies and private providers.

DCF recognizes that special components of treatment and certain services may require additional requisites or guidelines to fulfill the unique and special service needs of the children for which the Department seeks service. Therefore, in addition to the requirements of licensing and regulation, the Department has established certain "*Practice Standards*" as expectations of the programs from which they purchase services.

Among such services are the programs providing Extended Day Treatment. The "*Practice Standards*" which follow will not repeat the licensing regulation, or contract requirements made of Residential Treatment Centers, Emergency Mobile Psychiatric Services, or Outpatient Mental Health Clinics. **These "Practice Standards" are not tantamount to such licensing or regulation requirements, but instead delineate certain specific expectations of services purchased by DCF through contract or agreement.**

These "*Practice Standards*" were developed by DCF and serve as an expectation of the programs and services they purchase from private providers. They were initially developed/reviewed by a committee comprised of representatives from: parents of children with Serious Emotional Disturbances who have used this service; each of the contracted service providers; from each DCF Regional Office; and from the DCF Central Office.

- The basis of these practice standards are derived from the experiences of those who developed them, current literature in this area, feedback from other service consumers, service providers and staff.

A Draft of these "*Practice Standards*" was then sent to diverse individuals/agencies and they were asked to provide comment and suggestion. This additional information was further considered by the core review group and as appropriate, incorporated in the final editing of this document. Importantly, these "*Practice Standards*" compile information and establish standards reflecting diverse contributions based on a current understanding of effective emergency and crisis service provision to children, youth and their families. It is the intention of DCF to periodically review and update these "*Practice Standards*" in order to reflect both the needs of DCF and accepted contemporary views regarding the effective provision of Extended Day Treatment Programs.

CORE VALUES AND PRINCIPLES

All treatment, support and care services must be provided in a context which meets the child's psychosocial, developmental, educational, treatment and care needs. The treatment environment must be safe, nurturing, consistent, supervised and highly structured. DCF believes that successful intervention with this population requires an atmosphere that encourages normal development, is the least restrictive necessary, fosters respect for others and is nonjudgemental. A child's family must also be provided continuing encouragement to engage as full partners in all aspects of their child's treatment, treatment planning and the decisions that are made. Such emphasis is important with children whose treatment must be viewed as child-centered while family focused.

DCF's purchase of mental health and related services require that service providers are knowledgeable and in compliance with the annual Connecticut Children's Mental Health Plan. These plans view all services and placements as part of a continuum of care for children and their families. Additionally, the plan describes the establishment of certain core values and guiding principles in working with children and their families. Standards for the delivery of services to families whose children are experiencing an emotional or behavioral crisis require similar compliance to those core values and guiding principles which are outlined here:

Core Values

Extended Day Treatment services should be child-centered, with the needs and strengths of the child and family dictating the types and mix of services provided.

Extended Day Treatment services should be community-based, with the locus of services as well as management and decision-making responsibility resting at the community level, always in partnership with the family.

Guiding Principles

1. Children with an emotional disturbance should have access to a comprehensive array of services that address the child's physical, emotional, developmental, social and educational needs.
2. Children with an emotional disturbance should receive individualized services in accordance with the unique needs and potentials of each child, and guided by an individualized service plan.
3. Children with an emotional disturbance should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of Children with an emotional disturbance should be full participants in all aspects of the planning and delivery of services.
5. Children with an emotional disturbance should receive services that are integrated, with linkages between child-caring agencies and programs and mechanisms for planning, developing and coordinating services.
6. Children with an emotional disturbance should be provided with service coordination/case management or similar mechanisms to ensure that multiple

services are delivered in a coordinated and therapeutic manner, and that they can move through the system of care in accordance with their changing needs.

7. Children with an emotional disturbance should be ensured smooth transitions to the adult service system as they reach maturity.
8. The rights of children with an emotional disturbance should be protected, and effective advocacy efforts for emotionally disturbed children and youth should be promoted.
9. Children with an emotional disturbance should receive services without regard to race, religion, national origin, sex, physical disability or other characteristics.
10. Services should be sensitive and responsive to cultural differences and special needs.

DEFINITION OF TERMS USED

Extended Day Treatment

Extended Day Treatment is a program for children who have returned home from out-of-home care or are at risk of placement due to mental health issues or emotional disturbance. For an average period of up to 6 months the program provides a coordinated array of comprehensive therapeutic services, either directly or through linkage, to the child and family. The intent is to provide the support necessary to the family to maintain the child in his or her own home. The emphasis is on treatment with psychosocial rehabilitation activities added as appropriate.

Target Population

A child/adolescent is a candidate for admission to an Extended Day Treatment program if he/she presents with an Axis I and/or II diagnosis (DSM-IV) and at least one of the following:

1. Treatment of a psychiatric disorder and/or co-morbid substance abuse requiring a structured milieu based treatment setting.
2. Suicidal ideation without imminent threat and/or chronic non-intentional threats or gestures.
3. Recent and/or chronic history of self-mutilating, risk-taking, or other self-endangering behavior.
4. Assaultive and/or threatening tendencies exist but do not clearly require a 24-hour protected, controlled, or monitored environment.
5. There has been destructive behavior toward property, which may or may not include behavior that threatens others and there is evidence of the child/adolescent's capacity to reliably attend the program.
6. Disordered or bizarre behavior, psychomotor agitation, or retardation interferes with activities of daily living to the extent that structure and supervision are required for that portion of the day when the child/adolescent is not attending school or other structured activities.
7. Mood or thought disorder interferes with the ability to resume family or school responsibilities unless these psychiatric/social/vocational rehabilitation services are provided.
8. As result of an active psychiatric and/or co-morbid substance abuse disorder, the child/adolescent is able to maintain adequate nutrition or self care only with structure and

supervision for a significant portion of the day and with family/community support when away from the program.

9. As a result of chronic and/or sub-acute behavioral and or mental health problems, the caregiver is unable to maintain the child/adolescent in home without this level of care.
10. Extended Day Treatment is a component in a continuum of care which includes partial hospitalization and intensive outpatient services. Clients referred to EDT should have presenting symptoms that are best address by EDT and not by other service options.
11. Referrals for children in specialized foster care need to be reviewed and approved by the Regional Administrator of his/her designee.

THE PROGRAM

Mission Statement and Service Philosophy

Each program shall have a written mission statement and service philosophy consistent with the core values and guiding principles stated herein.

Purpose of the Service

The purpose of Extended Day Treatment is (a) to divert youth at risk for residential and/or out-of-community placements and (b) to be a resource for children returning from out-of-community and/or residential placements or psychiatric hospitalizations (within sixty days of discharge), if placements were more than 14 days long for the primary purpose of receiving mental health or related services and maintaining the youth in his/her home community. Access is intended for youth referred by the Department of Children and Families and youth referred through a local system of care. Priority access must be for DCF and system of care referrals that meet admission criteria of the program as approved in the DCF contract. Programs may provide additional slots that are exclusively paid by other sources as long as the DCF slots (as set in contract) remain available to DCF.

Governing Body

Per DCF "Regulations for Licensing of Extended Day Treatment Program," "all...programs shall have a governing board. Such a board shall be legally constituted and shall managed its affairs in accordance with applicable provision of law, its statement of purpose, its certificate of incorporation and its duly adopted bylaws."

Program Requirements and Services

These are addressed in DCF "Regulations for "Licensing of Extended Day Treatment Programs." Extended Day Treatment is defined as:

A supplementary care community-based program providing a comprehensive multidisciplinary approach to treatment and rehabilitation of emotionally disturbed, mentally ill, behaviorally disordered or multiply handicapped children and youth during the hours immediately after school while they reside with their parents or surrogate family, except any program provided by a regional educational service center established in accordance with Section 10-66a of the Connecticut General Statutes.

Furthermore, each program shall have a written program description which specifies: statement of purpose; description of overall approach to treatment and family involvement; the types of

services provided; the characteristics of the children to be served; and the characteristics of the children not appropriate for the program. Services shall include, but are not limited to:

- screening and referral
- evaluation and assessment, including the capacity for evaluation, medication, and case consultation by a Psychiatrist
- treatment: clinical (individual, family, and group interview), milieu therapy, family intervention including parental guidance, empowerment and family support, etc.
- therapeutic recreational/cultural opportunities. Examples of which could include art therapy music therapy, movement therapy, and recreational therapies
- 24-hour emergency and crisis intervention via phone or pager availability. Extended Day Treatment is an intensive clinical service with close contact with its clients which allows for immediate identification of crises and clinical follow-along services as necessary. Local emergency mobile psychiatric services should not be used as common practice by EDT programs
- transportation - unless otherwise available through insurance, including Medicaid, or the Local Education Authority, etc. State and federally funded programs which provide transportation should be the “payers of first resort” for transportation
- case management - each program shall provide “Level II Case management”, as defined in the State Mental Health Plan for Children, to the child, and
- developing a plan for aftercare/follow-up services in order to ensure successful transition of youth into ongoing community services and to offer support to the family and service providers to ensure the stability and efficacy of the transition from extended day treatment.

Reporting Requirements

The contractor will submit to the Department of Children and Families the required statistical, financial and programmatic reports necessary for establishing payment schedules and grant formulae; monitoring and evaluation; and establishing management information systems. Such reporting shall include, and not be limited to, service volume and performance-based measures.

Written Policies and Procedures

Each program shall state in writing; keep current; and review at least annually by persons responsible for the program its policies and operating procedures covering the: selection, emergency medical care, discipline, discharge planning, treatment program, staffing pattern, and supervision of the children.

Fees for Services

Client's and potential clients' ability to pay cannot be a criterion for admission or retention in a program. However, programs are expected to capture third party reimbursement through clients' insurance to reimburse as much as possible some of the costs of direct clinical services.

STAFF QUALIFICATIONS

The program director and/or site coordinators of each program shall be a licensed mental health practitioner. As noted in the Program Requirements section, it is preferred practice that each program shall have on site **availability** of a board-certified or board-eligible child and adolescent psychiatrist at least 5 hours per week for every 20 funded slots.

Programs are encouraged to utilize a range of mental health disciplines as well as art and recreational specialists. Aides in EDT programs should be trained in interpersonal communication for effective listening and limit-setting skills. Programs should have bi-lingual capacities relevant to the population groups served.

All staff will be trained and certified in use of therapeutic procedures to prevent assaultive incidents and to contain such incidents if they should occur.

ETHICAL STANDARDS

All EDT programs will follow the ethical standards of their associated agency and all practitioners will adhere to ethical standards of their respective professions. At a minimum, agency/program standards shall address the following:

1. Ensuring the dignity and worth of all clients at all times by acting with integrity and by providing proper respect and courtesy. Client needs will sometimes require adapting program regimens in customized ways. Clients should not be blamed or ejected because their needs do not automatically conform to the program structure and milieu.
2. Serving the identified needs of clients and their families to the best of staff abilities without knowingly using forms of treatment that are not safe, effective, efficient and in clients' best interests.
3. Utilizing special procedures (seclusion and restraint) rarely and as a last resort. Only restraint procedures approved by the Department of Children and Families will be used.
4. Providing uniform standards of care and conduct regardless of any client's race, ancestry, color, age, sex, religion, marital status, disability, national origin, mental disorder, sexual preference, or ability to pay.
5. Ensuring that the staff of the programs are practicing in accordance with the ethical guidelines of their particular professions.

ACCESSIBILITY AND AVAILABILITY

Location

Extended Day Treatment programs will provide both site-based and off-site services. Site-based services should be centrally located with convenient access to the population served.. Depending on the unique geographical and public transportation features of each area, EDT programs need to address transportation services within the financing parameters of their contracts. Efforts should be made to make arrangements with Local Education Authorities should be made for transport from school to the after-school program when school is in session.

The site(s) used by Extended Day Treatment Programs shall meet all requirements for licensure by DCF.

Hours of Operation

As noted in the Program Requirements, all programs shall be open a minimum of three hours per day, five days a week, and shall operate during breaks from the school year. However, state and federal holidays and snow days may be observed. An individual child may have a schedule of attendance of 2, 3, 4, or 5 days a week depending on the level of need.

CONTACTING THE SERVICE/REFERRAL

Extended day treatment is a highly valued resource and, there will frequently be competition for access to a finite amount of slots. there must be a priority for referrals made through the local system of care, which is in the best position to triage clients in the referral pool by classifying their needs in the context of other existing resources. all extended day treatment PROGRAMS are expected to be active participants in their local system of care. in regions where systems of care are not yet fully established, protocol for referral will be determined by DCF regional administrators. the standard of working through local systems of care will not apply immediately in those few areas of the state where systems of care have not yet been developed, the standard will remain. In areas with capitated systems of care ("single contract continuums of care"), Extended Day Treatment providers should become members of those systems of care. Consistent with the earlier discussion about Systems of Care and Core Values, it is paramount that EDT be used as an alternative to more restrictive levels of care. That is, clients are referred to EDT in *lieu* of residential placements or as a step-down from residential placement. Each area has a designated gatekeeper who will govern access to EDT services and who shall be a DCF employee designated by the Regional Administrator, e.g., Regional Resource Group Supervisor or Consultant, the Voluntary Services Coordinator, Mental Health Unit Supervisor, etc. **All Extended Day Treatment programs should be active participants in their respective local systems of care.**

All referrals for Extended Day Treatment should be considered for admission unless the provider can document:

- ◇ The referred client is unlikely to benefit from the service
- ◇ The referred client is clinically inappropriate for this level of care (e.g., is dangerous to self or others; is mentally retarded) or
- ◇ The caregiver refuses to participate with the service plan development and its implementation.

Extended Day Treatment Programs collaborate with the local DCF office in addressing such issues as they arise. Programs do not reject referrals because of lack of health insurance reimbursement. As participants in local systems of care, Extended Day Treatment programs strive to develop and implement individualized service plans that address the unique needs of the target population.

As clients progress through the Extended Day Treatment Program and become ready for discharge from this service, the local System of Care should be notified to assist in planning for alternative services and to plan for anticipated vacancies within the EDT program.

TRAINING AND SUPERVISION OF STAFF

Extended Day Treatment is a medically necessary service for youth requiring intensive clinical intervention and a structured therapeutic milieu. Therefore, staff need to be clinically trained and highly skilled in dealing with complex emotional-psychiatric-behavioral disorders. Staff who are not licensed or certified must be supervised by licensed staff. There must be a medical

presence in the program, preferably a board-certified or -eligible child and adolescent psychiatrist.

Because Extended Day Treatment programs also include a variety of structured recreational and community based activities, non-clinical staff who oversee these components shall receive a minimum of one hour per week of group supervision conducted by a licensed staff member. Regardless of seniority or licensure status, all staff shall receive weekly supervision.

APPROPRIATE SUPERVISION AND MANAGEMENT OF THE POPULATION

Clients enrolled in EDT are, by definition, in a sub-acute phase of a psychiatric impairment. Their disorders may manifest themselves very overtly with behavioral acting out, self-injurious gestures or verbal threats, thought disorders, or possibly hallucinations. Or, conversely, their disorders may be evidenced by so-called “negative symptoms” such as avoidance, withdrawal, flat affect, eating disorders, etc. These behaviors, if exacerbated, are potentially dangerous. Participation in an Extended Day Treatment Program is designed to allow the client an opportunity to benefit from additional therapy and structured group activities as tolerated by the client’s immediate emotional/behavioral status. A licensed MH practitioner is responsible for assuring that the supervision and management is sufficient to ensure the safety of each client in the program at various levels of intervention. The process of psychiatric oversight can be accomplished through review of treatment plans, direct client contact, and consultation to the program director as indicated. Medication management remains under the purview of the psychiatrist.

CHILD AND FAMILY RIGHTS

Each EDT program shall have a written policy outlining clients’ rights and responsibilities appropriate to this service. Families should be notified of this policy at an appropriate time during the intake process. This policy should include the following:

1. **Informed Consent:** All programs shall notify families of their right to participate in service and discharge planning, including the right to refuse or question any services offered.
2. **Confidentiality:** All programs shall inform families of their right to confidential services. In addition, all clients should be encouraged to respect the confidentiality of others who are participating in the program. All clients and guardians must also be informed of the mandated reporting responsibilities of staff within the program.
3. **Grievance Procedure:** A grievance policy which clearly outlines the grievance process will be established by each program. All clients shall be informed that this policy exists as part of their general rights and responsibilities.
4. **Access to Records:** Families, upon request and within applicable statutory authority, will be provided with access to and/or copies of their records as they pertain to their receipt of EDT services. EDT programs should educate families to this right to access records.

ASSESSMENT

All clients referred for Extended Day treatment Services shall receive a comprehensive evaluation which will result in the formulation of a multi-axial diagnosis and a concomitant treatment plan. The assessment should provide a clinical integration of medical, psycho-social, educational and treatment histories and be comprehensive enough to address the needs of the child within the context of his family and social community. The focus of assessment for Extended Day Treatment is to provide goals and objectives that will allow the youngster an opportunity to resume daily activities within a less restrictive clinical environment.

THE TREATMENT APPROACH

Extended Day Treatment services should be individualized to meet the unique needs of each youth client and his/her family. Intensity of services may be titrated as the client's status stabilizes or improves. Clinical activities must include individual therapy as indicated, medication management as indicated, family therapy, group modalities, off-site activities, and parent support and psycho-education. On-site group activities may include milieu therapy, psycho-social skill-building (e.g., anger management, dealing with loss, self-esteem issues, gender-identity issues, family issues, substance abuse issues, etc.), group recreational activities, etc. Off-site activities may include in-home interventions, supervised community recreation, tutoring to build study habits, vocational exploration, etc. On-going risk assessment and crisis intervention are required components of all programs.

Each client participating in Extended Day Treatment shall have a treatment plan that formally identifies specific individual, family and community/peer goals and objectives which will be reviewed monthly. The treatment plan will be signed by the client, the client's guardian, the treating clinician and the program's psychiatrist if medically indicated in the treatment plan. A psychiatrist must assess and sign plans for patients with diagnoses such as Attention Deficit Hyperactivity Disorder, severe anxiety or depression, self-injurious behaviors or behavior harmful to others, or patients needing medication evaluations (also, see Treatment Plan Updates and Reviews, p.14).

DISCHARGE OR STEP-DOWN CRITERIA

Clients are to be discharged from the EDT program when treatment goals /objectives have been met and the client no longer requires the amount of individual, group and family intervention initially prescribed. Criteria for such discharge might include (but are not limited to) improved GAF score, medication stabilization, no evidence of suicidal ideation, no aggressive/assaultive behavior, success within the school and community corroborated by collateral sources. All discharge plans need to be shared with the System of Care or Regional DCF offices in order to ensure that appropriate alternative services are in place.

Extended Day Treatment programs operate in the principle of "no reject-no eject". If a client's behavior creates safety concerns, termination from the program can be considered following consultation with the DCF Regional Administrator or his/her designee.

In instances where the client is not participating in the program and no gains have been made within the first 30 days due to failure to comply with the prescribed treatment, discharge should

be considered with alternative strategies reviewed with the family, the assigned DCF worker and the Local System of Care. Discharge should be considered for any situation in which there is an extended period of non-involvement in treatment and there is no progress. However, the program should take demonstrable efforts to keep the child engaged and avoid any precipitous discharge. Should a child be discharged prior to successful completion of the program, it is expected that EDT staff will coordinate a clinical case conference with DCF staff to develop alternative treatment plans.

CASE RECORDS

In keeping with regulations prescribed within current State licensing regulations, confidential case records shall be maintained for each child in treatment including family, social and health history. The case record shall contain but not be limited to:

Assessment

- a. Name and DCF status
- b. Date
- c. Address
- d. Phone
- e. Age/DOB
- f. Ethnicity
- g. Referral Source
- h. Presenting problem
- i. Previous Psychiatric and other Pertinent (developmental, family) History
- j. Mental Status exam
- k. Medications
- l. Involvement with Collateral and previous treatment providers
- m. Educational status
- n. Description of Family Strengths
- o. Description of Informal and Formal Resources
- p. Impressions
- q. DSM-IV Diagnosis (all five axes should be addressed)

Treatment Plan

In partnership with the client and parent(s)/guardian(s) a treatment plan will be developed within 15 working days upon admission to the program and will contain:

- a. Measurable and time-limited goals and objectives
- b. Individual and family goals/objectives
- c. Strategies that specify use of specialized services or interventions (ie., mentoring, milieu treatment, ROPES, etc.)
- d. Anticipated discharge date and supports/resources required for discharge
- e. Number of contacts anticipated for delivery of services
- f. Signatures of the Supervising Psychiatrist, client, parent/guardian

Treatment Plan Updates and Reviews

All treatment plans shall be reviewed every 30 days. Progress shall be noted and revisions made as deemed necessary by the licensed clinical staff and family. Although it is not necessary that a psychiatrist review and approve all treatment plans, there must be a clear psychiatric presence and leadership in the program. Additionally, clients with Attention Deficit Hyperactivity Disorder, severe anxiety or depression, injurious behavior to self or others and

clients needing medication evaluations and any other situations physical co-morbidities or potential medical complications must be seen by a psychiatrist and these records must indicate the psychiatrist's signature.

Licensed staff shall review all treatment plan updates and sign off on all such reviews along with the treating clinician, the client and the participating family members and, when appropriate, the child's DCF Social Worker. The date of the next review shall be indicated on the update.

Discharge Summary

Within 30 days of discharge, extended day treatment program shall compile a complete written discharge summary which shall include:

- a. Identifying information of the EDT program
- b. Summary of services provided
- c. Summary of progress made on goals/objectives
- d. Plans for follow-up services and identification of service providers

LINKAGES AND COLLABORATIVE AGREEMENTS

Extended Day Treatment programs are integral parts of local systems of care and interface heavily with DCF Regional offices. It is expected that the client's DCF caseworker will be involved for successful implementation of the treatment plan. Extended Day Treatment programs also collaborate closely with a variety of other health and human services programs, clinics, agencies as well as local schools and recreational facilities. Systems of formal and informal collaboration are encouraged to maximize resources available to the children participating in the program. While many EDT programs are associated with larger facilities and hence, are able to provide the wrap around and recreational services needed to enhance the clinical program, others may need to rely on outside providers to assist in developing the compendium of services that make up an Extended Day program. Formal memorandums of understanding or agreement should be entertained when an EDT program has developed a particularly useful and reliable relationship with another ancillary provider.

INCIDENT AND SPECIAL ISSUES REPORTING

Each EDT program shall maintain an internal Incident and Special Issues Reporting System and develop a corresponding form to monitor activity which may impact the health and safety of EDT staff and clients. An incident report will be completed for all EDT related accidents, incidents or unusual occurrences involving staff and/or clients. The EDT related accidents, incidents or unusual occurrences involving staff and/or clients. The content and specific execution of the Incident and Special Issues Reporting Form shall be determined by each EDT providing agency. Each EDT program should establish a protocol for staff access to these incident reports.

Providers of Extended Day Treatment Programs are mandated reporters under the laws of the State of Connecticut (Conn. Gen. Stat. 17a-101(b)). In accordance with this mandate, it is required that EDT staff comport with the specific steps and tenets outlined by the applicable statutes(s). At a minimum, EDT providers must make a report to the Department of Children and Families Hotline and complete a Report of Suspected Child Abuse/Neglect (DCF-136) for any child that they suspect have been abused or neglected. The DCF administrator should be

notified if there is a serious injury or death of a child in their custody. They should also be notified if there is an issue of the safety of one of their children. The DCF Hotline may be contacted at 1/800-842-2288. If circumstances warrant, a DCF Region's on-call Administrator may be paged by the Hotline.

QUALITY ASSURANCE

Continuous Quality Improvement:

In order to monitor and improve the quality of services provided by EDT programs, an internal quality improvement plan shall be in place and shall include a review of the data collected in the Quarterly Report, the consumer satisfaction survey responses, and any pertinent clinical cases that need focused review. This review of data indicators focuses on opportunities to improve the quality of care provided to EDT clients.

Consumer Satisfaction:

Each Extended Day Treatment Program shall conduct periodic consumer satisfaction surveys. The information gathered shall be analyzed by the Program Director and considered as part of an overall continuous quality improvement Plan. The following should be incorporated in such surveys:

WHEN: Information (survey) must be collected at the end of services, and at the Agency's discretion, also to collect information at other points of service;

HOW: The method of conducting satisfaction surveys, e.g., through the direct service staff, through other staff of the Agency, through the mail, by telephone, etc. However, whatever method/methods are used, there should be a benchmark of a 30% response rate.

Universal Questions

The satisfaction survey should be individualized to meet the needs of the provider and its services. However, the following standard questions shall be incorporated in all surveys:

1. Have your concerns or complaints been responded to in a timely manner? (explain)
2. Are you part of the decisions related to treatment and treatment planning? (explain)
3. What did you find most helpful about the EDT Program? (explain)
4. Do you have any suggestions to make the program more respectful of your culture and family? (explain)
5. Are you kept informed by staff and the program about your child's behavior and progress?

Program Performance

Program performance standards involve accountability primarily to the Connecticut Department of Children and Families as grantor of base funding for EDT services, although a program can choose to expand upon those accountabilities for agency-specific reasons or for reporting to other funding sources, such as managed care organizations and other insurance entities. For DCF purposes, programs are expected to develop comprehensive treatment plans with measurable objectives; participate in the Administrative Case Review process; participate in

monthly meetings with DCF Contract/Social Work staff; submit progress reports and discharge summaries to Social Workers of DCF-involved children; and submit monthly service activity reports (e.g., PBC data) and quarterly program and budget reports. In the context of performance-based contracting, EDT contracts include information regarding admission and discharge dates, diagnoses, and levels of functioning (“GAF” scores). In terms of aggregate program performance standards as of the date of publication of this document, EDT programs are expected to maintain at least 50% of their cases seen after two month intervals in their home or local community. Programs may find that managed care reimbursement schemes will provide an incentive to discharge clients quicker than an average LOS of six months. These decisions need to be reviewed with DCF and local systems of care. While DCF as primary funder strongly encourages EDT programs to seek other reimbursement, clients should not be discharged until they are ready to “step down” to a less intensive level of care.

Cultural Competency

In accordance with the core values and guiding principles of systems of care, EDT programs shall be developed and implemented in a culturally competent manner. Programs must assure that their policies, practices, staff recruitment, and service delivery are sensitive and responsive to the needs of culturally, racially, and linguistically diverse children and families. In conjunction of Continuous Quality Improvement, programs shall be cognizant of the ethnic, cultural, and socioeconomic subgroups in their respective areas and strive to obtain staff and establish community linkages which are representative of, and effectively support, the cultural, racial, and linguistic needs of EDT clients. In addition, EDT staff should participate in ongoing training and professional development concerning diversity and competence.